

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Poc #2		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/09/2012
NAME OF PROVIDER OR SUPPLIER BRAKEBILL NURSING HOME INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 5837 LYONS VIEW PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS Complaint investigation #30188, #30201, and #30221, were completed at Brakebill Nursing Home, INC. on August 9, 2012. No deficiencies were cited related to complaint investigation #30221. Deficiencies were cited related to complaint investigation #30188 and #30201 under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	This Plan of Correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it.		
F 176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of the facility policy, observation, and interview, the facility failed to determine safety of self administration of drugs for one resident (#2) of five residents reviewed. The findings included: Resident #2 was admitted to the facility on March 15, 2012, with diagnoses including Dementia, Delusional Depression, and Bi-Polar Disorder. Medical record review of the Minimum Data Set (MDS) dated May 22, 2012, revealed the resident had been cognitively intact for daily decision making. Medical record review of a Physician Order dated	F 176	Corrective Action: Resident #2 was assessed on August 10, 2012, for self-administration of medications and assessment form was placed in chart. The resident was approved for self-administration of medications at bedside and resident will be re-evaluated q 3 months when care plans are updated. Potential: An Audit of all residents MAR's will be done to identify any medications in rooms without orders and assessments completed for safe administration. This will begin on August 17, 2012, and be completed by August 22, 2012, by the DON or designee. Any resident who is found to have medications at bedside who has an order from physician will be assessed for competency of self-administration and the care plan will be updated with this information. No other resident were found to be affected.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 176	Continued From page 1 July 3, 2012, revealed "...ok to have Turns at BS (bedside)..." Review of facility policy, Medication Self Administration Assessment, dated 2011, revealed "...complete assessment in order to assess a resident's ability to self-administer medications..." Observation on August 7, 2012, at 10:15 a.m., in the resident's room, revealed a bottle labeled Turns 72 ct (count) on bedside table. Interview with Licensed Practical Nurse (LPN) #1 on August 7, 2012, at 10:15 a.m., in the resident's room, confirmed the resident had an order for Turns at the bedside. Interview with LPN #1 on August 7, 2012, at 2:00 p.m., in the yellow nurse's station, confirmed the resident had not been assessed for self administration of medications. Interview with the Director of Nursing on August 7, 2012, at 2:20 p.m., in the yellow nurse's station, confirmed the facility failed to assess the resident for self administration of medications.	F 176	Measures: Residents that qualify with orders for self-administration of medications will be assessed on admission, quarterly, annually and with change in condition by the MDS Coordinators as they do there MDS assessments. Monitor: Director of Nursing or designee will randomly observe and audit 10% of new admissions for appropriate self-administration process weekly times 4 then monthly times 4, the findings will be reported to the QA committee quarterly and the QA committee will determine if further audits are needed.	8-24-12	
F 225 S:D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would	F 225	Corrective Action: Resident #1 who had an allegation of verbal abuse was investigated by the state during their visit on August 7, 2012.		

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F 225	<p>Continued From page 2</p> <p>indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of a facility investigation, review of facility policy, and interview, the facility failed to report an allegation of abuse to the State Survey and Certification Agency within five working days for one resident (#1) of five residents reviewed.</p> <p>The findings included:</p>	F 225	<p>Potential:</p> <p>All abuse reports were reviewed on August 14, 2012, to ensure they were reported to the state per regulations and policy. All reports had been reported as they should have been. Director of Nursing, Social Services and Administrator have all discussed that all abuse allegations will be reported to state even if allegations are not substantiated.</p> <p>Measure:</p> <p>Administrator, Director of Nursing and Social Services discussed that every abuse allegation will be reported to state immediately even if allegations are not substantiated.</p> <p>Monitor:</p> <p>Social Services Director will report status of new admit POST forms in the monthly Performance Improvement Meeting monthly for three months to ensure compliance.</p>		8-24-12

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F 225	Continued From page 3 Review of a facility investigation dated June 28, 2012, revealed the family of resident #1 reported an allegation of verbal abuse on June 28, 2012. continued review revealed no documentation the allegation of verbal abuse had been reported to the State Survey and Certification Agency as required. Review of facility policy, Resident Abuse Prevention/Reporting Investigation, no date, revealed "...this will be investigated and reported as required per Federal and State Regulations..." Interview with the Director of Nursing (DON), on August 7, 2012, at 11:00 a.m., in the conference room, confirmed the facility had failed to report the allegation of verbal abuse to the State Survey and Certification Agency as required. Interview with the Administrator, on August 7, 2012, at 3:10 p.m., in the Administrator's office, confirmed the facility had failed to report the allegation of verbal abuse to the State Survey and Certification Agency as required.	F 225			
F 281 SS=D	C/O #30201 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility investigation, and interview, the facility failed to follow a physician's order for one resident (#3) of	F 281	Corrective Action: Medications will be monitored by nurses and ordered in a timely manner. If nurse does not have a medication they will notify pharmacy immediately and notify nursing supervisor. Nursing supervisor is to follow up to insure that medication has been received and administered. Nursing supervisor to audit ER box to ensure that frequent given meds are stocked in ER box.		

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F 281	<p>Continued From page 4 five residents reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on December 30, 2011, with diagnoses including Dementia, Chronic Malnutrition, and Depression.</p> <p>Medical record review of the July 2012 Physician Recapitulation Orders revealed "...Effexor 75mg PO (per mouth) 2 tabs (tablet) at HS (hours of sleep)..."</p> <p>Medical record review of the July 2012 Medication Administration Record (MAR) revealed Effexor 75 mg was circled as not administered on July 6, 2012 through July 13, 2012, at 8:00 p.m.</p> <p>Medical record review of a Physician Progress Note dated July 19, 2012, revealed "...Review of MAR shows Effexor not given for 8 days...stopped and restarted without taper or gradual increase but no harm to pt (patient)..."</p> <p>Review of facility documentation on July 24, 2012, revealed "...Medication ordered Effexor 75 mg po 2 tabs po at HS...medication was not given from 7/6/12 to 7/13/12."</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on August 7, 2012, at 3:05 p.m., in the nurse's station, revealed LPN #2 had been responsible for administering the Effexor four of the eight days the medication had not been administered. Further interview confirmed the prescribed dose of Effexor 75 mg was not available for scheduled medication administration from the pharmacy and</p>	F 281	<p>Potential:</p> <p>All MAR's will be audited by DON or designee to ensure all medications have been administered. Audit will begin August 17, 2012, and be completed by August 20, 2012.</p> <p>Resident #3, was assessed by Physician and it was determined that there was no harm done.</p> <p>On July 19, 2012, an in-service on proper ordering of medication in a timely manner was given by Pharmerica. All licensed staff was in-serviced. A new policy from Pharmerica and Brakebill Nursing Home was put into place to ensure all meds would be sent when needed</p> <p>Measures:</p> <p>Director of Nursing or designee will audit MAR's weekly times 4 then, monthly times 4. Findings will be reported to the QA committee.</p>	8-24-12	

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F 281	Continued From page 5 the facility failed to follow the physician's order.	F 281			
F 425 S3=D	C/O #30188 483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility documentation, and interview, the facility failed to ensure a medication was available for administration as prescribed by the physician for one resident (#3) of five residents reviewed. The findings included:	F 425	Corrective Action: Medications will be monitored by nurses and ordered in a timely manner. If nurse does not have a medication they will notify pharmacy immediately and notify nursing supervisor. Nursing supervisor is to follow up to insure that medication has been received and administered. Nursing supervisor to audit ER box to ensure that frequent given meds are stocked in ER box. Potential: All MAR's will be audited by DON or designee to ensure all medications have been administered. Audit will begin August 17, 2012, and be completed by August 20, 2012. Resident #3, was assessed by Physician and it was determined that there was no harm done.		

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F 425	<p>Continued From page 6</p> <p>Resident #3 was admitted to the facility on December 30, 2011, with diagnoses including Dementia, Chronic Malnutrition, and Depression.</p> <p>Medical record review of the July 2012 Physician Recapitulation Orders revealed "...Effexor 75mg PO (per mouth) 2 tabs (tablet) at HS (hours of sleep)..."</p> <p>Medical record review of the July 2012 Medication Administration Record (MAR) revealed Effexor 75 mg was circled as not administered on July 6, 2012 through July 13, 2012, at 8:00 p.m.</p> <p>Medical record review of a Physician Progress Note dated July 19, 2012, revealed "...Review of MAR shows Effexor not given for 8 days...stopped and restarted without taper or gradual increase but no harm to pt (patient)..."</p> <p>Review of facility documentation on July 24, 2012, revealed "...Medication ordered Effexor 75 mg po 2 tabs po at HS...medication was not given from 7/6/12 to 7/13/12."</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on August 7, 2012, at 3:05 p.m., in the nurse's station, revealed LPN #2 had been responsible for administering the Effexor four of the eight days the medication had not been administered. Further interview confirmed the prescribed dose of Effexor 75 mg was not available for scheduled medication administration from the pharmacy.</p> <p>C/O #30188</p>	F 425	<p>On July 19, 2012, an in-service on proper ordering of medication in a timely manner was given by Pharmacia. All licensed staff was in-serviced. A new policy from Pharmacia and Brakebill Nursing Home was put into place to ensure all meds would be sent when needed</p> <p>Measures:</p> <p>Director of Nursing or designee will audit MAR's weekly times 4 then, monthly times 4. Findings will be reported to the QA committee.</p>	8-24-12	